County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH-HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377; 1-800-253-9933

UNDERGROUND STORAGE TANK SECONDARY CONTAINMENT & SPILL CONTAINMENT TESTING REPORT FORM

This form is intended for use by contractors performing initial & periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), must be provided to the facility owner/operator for submittal to the County of San Diego Department of Environmental Health Hazardous Materials Division UST Group.

Establishment Number:_______________ **Plan Check Number:___________________**

1. FACILITY INFORMATION

Facility Name:		Date of Testing:
Facility Address:		**Test Type:**
Facility Contact:	Phone:	☐ Initial ☐ Repair Test
Date Local Agency Was Notified of Testing :		☐ 6 month ☐ Other:
Name of Local Agency Inspector *(if present during testing)*:		☐ 36 month _____________

2. TESTING CONTRACTOR INFORMATION

Company Name:	
Technician Conducting Test:	
Credentials: ☐ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester
License Type:	License Number:

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
		/ /
		/ /
		/ /
		/ /

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
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	☐	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification ☐ **System printout attached.**

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:____ Date: ______/_____/______

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Tank #	**Tank #**	**Tank #**	**Tank #**
Is Tank Exempt From Testing?[1]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:				
Tank Material:				
Tank Manufacturer:				
Product Stored:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, & recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Piping Run #	**Piping Run #**	**Piping Run #**	**Piping Run #**
Piping Material:				
Piping Manufacturer:				
Piping Diameter:				
Length of Piping Run:				
Product Stored:				
Method and location of piping-run isolation:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	□ Sump Manufacturer	□ Industry Standard	□ Professional Engineer
	□ Other *(Specify)*		
Test Method Used:	□ Pressure	□ Vacuum	□ Hydrostatic
	□ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Sump #	**Sump #**	**Sump #**	**Sump #**
Sump Diameter:				
Sump Depth:				
Sump Material:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested[2]				
Does turbine shut down when sump sensor detects liquid (both product and water)?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Was fail-safe verified to be operational?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	**□ Pass □ Fail**	**□ Pass □ Fail**	**□ Pass □ Fail**	**□ Pass □ Fail**
Was sensor removed for testing?	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Was sensor properly replaced and verified functional after testing?	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[2] If the entire depth of the sump is not tested, specify how much was tested. If the answer to <u>any</u> of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	□ UDC Manufacturer	□ Industry Standard	□ Professional Engineer
	□ Other *(Specify)*		
Test Method Used:	□ Pressure	□ Vacuum	□ Hydrostatic
	□ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	UDC #	UDC #	UDC #	UDC #
UDC Manufacturer:				
UDC Material:				
UDC Depth:				
Height from UDC Bottom to Top of Highest Piping Penetration:				
Height from UDC Bottom to Lowest Electrical Penetration:				
Condition of UDC prior to testing:				
Portion of UDC Tested[3]				
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Turbine shutdown response time				
Is system programmed for fail-safe shutdown?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Was fail-safe verified to be operational?*	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Wait time between applying pressure/vacuum/water and starting test				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	**□ Pass □ Fail**	**□ Pass □ Fail**	**□ Pass □ Fail**	**□ Pass □ Fail**
Was sensor removed for testing?	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
Was sensor properly replaced and verified functional after testing?	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[3] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to <u>any</u> of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Fill Sump #	**Fill Sump #**	**Fill Sump #**	**Fill Sump #**
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes ☐				
Spill/Overfill Containment Boxes are Present, but were Not Tested ☐				
Test Method Developed By:	☐ Spill Bucket Manufacturer	☐ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used:		Equipment Resolution:		

	Spill Box #	**Spill Box #**	**Spill Box #**	**Spill Box #**
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Send completed form to:
County of San Diego
Department of Environmental Health
Hazardous Materials Division-UST Group
P. O. Box 129261
San Diego CA 92112-9261